



# STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF NATURAL RESOURCES  
CHUCK GIPP, DIRECTOR

**STATE OF IOWA  
DEPARTMENT OF NATURAL RESOURCES  
ENVIRONMENTAL PROGRAM  
AMENDMENT TO NPDES PERMIT**

Iowa NPDES Permit #	3050901
Date of Issuance:	August 1, 2015
Date of Expiration:	July 31, 2020
Date of this Amendment:	<u>August 1, 2017</u>
EPA NUMBER:	IA0059765

**Name and Mailing Address of Applicant:**

IOWA GREAT LAKES SANITARY DISTRICT  
303 28TH STREET  
MILFORD, IA 51351

**Identity and Location of Facility:**

Iowa Great Lakes Sanitary District Wastewater Treatment Plant  
Township 98 N, Range 36 W, Section 6, Dickinson County

Pursuant to the authority Iowa Code Section 455B.174, and of Rule 567--64.3, Iowa Administrative Code, the Director of the Iowa Department of Natural Resources has issued the above referenced permit. Pursuant to the same authority the Director hereby amends said permit as set forth below:

The permit is being amended to reduce monitoring frequencies and remove all operational monitoring. Cadmium, cyanide, lead and silver monitoring is reduced to once per month. Please replace pages #9, #10, #11 and #12 of your old permit with the enclosed pages #9, #10, #11 and #12.

For the Department of Natural Resources:

By \_\_\_\_\_  
Ben Hucka  
NPDES Section

ENVIRONMENTAL SERVICES DIVISION



# STATE OF IOWA

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**STATE OF IOWA  
DEPARTMENT OF NATURAL RESOURCES  
ENVIRONMENTAL PROGRAM  
AMENDMENT TO NPDES PERMIT**

Iowa NPDES Permit #	3050901
Date of Issuance:	August 1, 2015
Date of Expiration:	July 31, 2020
Date of this Amendment:	March 1, 2016
EPA NUMBER:	IA0059765

**Name and Mailing Address of Applicant:**

IOWA GREAT LAKES SANITARY DISTRICT  
303 28<sup>TH</sup> STREET  
MILFORD, IA 51351

**Identity and Location of Facility:**

IOWA GREAT LAKES SANITARY DISTRICT STP  
303 28<sup>TH</sup> STREET  
MILFORD, IA 51351  
SECTION 6, T98N, R36W  
DICKINSON COUNTY

Pursuant to the authority Iowa Code Section 455B.174, and of Rule 567--64.3, Iowa Administrative Code, the Director of the Iowa Department of Natural Resources has issued the above referenced permit. Pursuant to the same authority the Director hereby amends said permit as set forth below:

The permit is being amended to make the following changes: change effluent sampling locations for CBOD and TSS samples from "EFFLUENT PRIOR TO DISINFECTION" to "EFFLUENT AFTER DISINFECTION"; change the aeration basin sampling for settleability, DO, MLSS, and temperature from 3 separate aeration basins to 1 sampling location at "AERATION TANK SPLITTER"; change the sample type for hexavalent chromium and cyanide from 24 hour composite samples to grab samples. The TTO limit for Polaris Industries - Milford has also been added to the permit.

For the Department of Natural Resources:

By \_\_\_\_\_  
Ben Hucka  
NPDES Section

ENVIRONMENTAL SERVICES DIVISION

**IOWA DEPARTMENT OF NATURAL RESOURCES**  
**National Pollutant Discharge Elimination System (NPDES) Permit**

**OWNER NAME & ADDRESS**

IOWA GREAT LAKES SANITARY DISTRICT  
303 28TH STREET  
MILFORD, IA 51351-0000

**FACILITY NAME & ADDRESS**

IOWA GREAT LAKES SANITARY  
DISTRICT STP  
303 28TH STREET  
MILFORD, IA 51351

Section 6, T98N, R36W  
Dickinson County

**IOWA NPDES PERMIT NUMBER:** 3050901  
**DATE OF ISSUANCE:** 08/01/2015  
**DATE OF EXPIRATION:** 07/31/2020

**YOU ARE REQUIRED TO FILE FOR RENEWAL  
OF THIS PERMIT BY:** 02/02/2020  
**EPA NUMBER:** IA0059765

This permit is issued pursuant to the authority of section 402(b) of the Clean Water Act (33 U.S.C 1342(b)), Iowa Code section 455B.174, and rule 567-64.3, Iowa Administrative Code. You are authorized to operate the disposal system and to discharge the pollutants specified in this permit in accordance with the effluent limitations, monitoring requirements and other terms set forth in this permit.

You may appeal any condition of this permit by filing a written notice of appeal and request for administrative hearing with the director of this department within 30 days of your receipt of this permit.

Any existing unexpired Iowa operation permit or Iowa NPDES permit previously issued by the department for the facility identified above is revoked by the issuance of this permit. This provision does not apply to any authorization to discharge under the terms and conditions of a general permit issued by the department or to any permit issued exclusively for the discharge of stormwater.

FOR THE DEPARTMENT OF NATURAL RESOURCES

By \_\_\_\_\_

Ben Hucka  
NPDES Section  
ENVIRONMENTAL SERVICES DIVISION

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

**Outfall No.:** 001 DISCHARGE FROM AN ACTIVATED SLUDGE WASTEWATER TREATMENT FACILITY.

**Receiving Stream:** MILFORD CREEK

**Route of Flow:** MILFORD CREEK

Class A3 waters are children's recreational use waters in which recreational uses by children are common. Class A3 waters are water bodies having definite banks and bed with visible evidence of flow or occurrence of water. This type of use would primarily occur in urban or residential areas.

Waters designated Class B(WW2) are those in which flow or other physical characteristics are capable of supporting a resident aquatic community that includes a variety of native nongame fish and invertebrate species. The flow and other physical characteristics limit the maintenance of warm water game fish populations. These waters generally consist of small perennially flowing streams.

Waters designated Class HH are those in which fish are routinely harvested for human consumption or waters both designated as a drinking water supply and in which fish are routinely harvested for human consumption.

**Outfall No.:** 002 BYPASS AT LIFT STATION 1-26

**Receiving Stream:** EAST OKOBOJI LAKE

**Route of Flow:** EAST OKOBOJI LAKE

**Outfall No.:** 003 BYPASS AT LIFT STATION 1-27

**Receiving Stream:** WEST OKOBOJI LAKE

**Route of Flow:** WEST OKOBOJI LAKE

**Outfall No.:** 004 BYPASS AT MANHOLE 1-341 LOCATED NEAR OMAHA BEACH.

**Receiving Stream:** WEST OKOBOJI LAKE

**Route of Flow:** WEST OKOBOJI LAKE

**Outfall No.:** 005 BYPASS AT LIFT STATION 1-50

**Receiving Stream:** MILFORD CREEK

**Route of Flow:** MILFORD CREEK

Class A3 waters are children's recreational use waters in which recreational uses by children are common. Class A3 waters are water bodies having

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

definite banks and bed with visible evidence of flow or occurrence of water. This type of use would primarily occur in urban or residential areas.

Waters designated Class B(WW2) are those in which flow or other physical characteristics are capable of supporting a resident aquatic community that includes a variety of native nongame fish and invertebrate species. The flow and other physical characteristics limit the maintenance of warm water game fish populations. These waters generally consist of small perennially flowing streams.

Waters designated Class HH are those in which fish are routinely harvested for human consumption or waters both designated as a drinking water supply and in which fish are routinely harvested for human consumption.

**Outfall No.:** 006 BYPASS AT MANHOLE 4-17 LOCATED NEAR REEDS RUN.

**Receiving Stream:** BIG SPIRIT LAKE

**Route of Flow:** BIG SPIRIT LAKE

**Bypasses from any portion of a treatment facility or from a sanitary sewer collection system designed to carry only sewage are prohibited.**

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

**Effluent Limitations:**

You are prohibited from discharging pollutants except in compliance with the following effluent limitations:

**001 DISCHARGE FROM AN ACTIVATED SLUDGE WASTEWATER TREATMENT FACILITY.**

*Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020*

<u>Parameter</u>	<u>Season</u>	<u>Limit Type</u>	<u>Limits</u>
<b>CBOD5</b>			<b>85% Removal Required</b>
	Yearly	7 Day Average	40 MG/L 1678 LBS/DAY
	Yearly	30 Day Average	25 MG/L 1049 LBS/DAY
<b>TOTAL SUSPENDED SOLIDS</b>			<b>85% Removal Required</b>
	Yearly	7 Day Average	45 MG/L 1940 LBS/DAY
	Yearly	30 Day Average	30 MG/L 1294 LBS/DAY
<b>AMMONIA NITROGEN (N)</b>			
	JAN	30 Day Average	5.4 MG/L 227 LBS/DAY
	JAN	Daily Maximum	13.2 MG/L 553 LBS/DAY
	FEB	30 Day Average	6.1 MG/L 255 LBS/DAY
	FEB	Daily Maximum	14.2 MG/L 612 LBS/DAY
	MAR	30 Day Average	4.7 MG/L 199 LBS/DAY
	MAR	Daily Maximum	11.7 MG/L 493 LBS/DAY
	APR	30 Day Average	2.2 MG/L 91.8 LBS/DAY
	APR	Daily Maximum	8.57 MG/L 359 LBS/DAY
	MAY	30 Day Average	1.9 MG/L 80.2 LBS/DAY
	MAY	Daily Maximum	8.57 MG/L 359 LBS/DAY
	JUN	30 Day Average	1.4 MG/L 58.8 LBS/DAY

Facility Name: IOWA GREAT LAKES SANITARY DISTRICT STP

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<i>Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020</i>			
<u>Parameter</u>	<u>Season</u>	<u>Limit Type</u>	<u>Limits</u>
<b>AMMONIA NITROGEN (N)</b>			
	JUN	Daily Maximum	8.4 MG/L 207 LBS/DAY
	JUL	30 Day Average	1.1 MG/L 47.5 LBS/DAY
	JUL	Daily Maximum	5.4 MG/L 116 LBS/DAY
	AUG	30 Day Average	1.0 MG/L 43.4 LBS/DAY
	AUG	Daily Maximum	5.1 MG/L 108 LBS/DAY
	SEP	30 Day Average	1.5 MG/L 64.8 LBS/DAY
	SEP	Daily Maximum	7.3 MG/L 168 LBS/DAY
	OCT	30 Day Average	2.9 MG/L 123 LBS/DAY
	OCT	Daily Maximum	10.0 MG/L 285 LBS/DAY
	NOV	30 Day Average	3.5 MG/L 149 LBS/DAY
	NOV	Daily Maximum	8.57 MG/L 359 LBS/DAY
	DEC	30 Day Average	4.1 MG/L 173 LBS/DAY
	DEC	Daily Maximum	10.0 MG/L 421 LBS/DAY
<b>ACUTE TOXICITY, CERIODAPHNIA</b>			
	Yearly	Daily Maximum	1 NO TOXICITY
<b>ACUTE TOXICITY, PIMEPHALES</b>			
	Yearly	Daily Maximum	1 NO TOXICITY
<b>DISSOLVED OXYGEN</b>			
	Yearly	Minimum	5.0 MG/L
<b>PH</b>			
	Yearly	Daily Maximum	9.0 STD UNITS
	Yearly	Minimum	6.5 STD UNITS

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

<i>Outfall: 001 Effective Dates: 08/01/2018 to 07/31/2020</i>			
<u>Parameter</u>	<u>Season</u>	<u>Limit Type</u>	<u>Limits</u>
<b>E. COLI</b>			
	MAR	Geometric Mean	126 #/100 ML
	APR	Geometric Mean	126 #/100 ML
	MAY	Geometric Mean	126 #/100 ML
	JUN	Geometric Mean	126 #/100 ML
	JUL	Geometric Mean	126 #/100 ML
	AUG	Geometric Mean	126 #/100 ML
	SEP	Geometric Mean	126 #/100 ML
	OCT	Geometric Mean	126 #/100 ML
	NOV	Geometric Mean	126 #/100 ML

Facility Name: IOWA GREAT LAKES SANITARY DISTRICT STP

Permit Number: 3050901

Outfall: 001 Effective Dates: 07/01/2020 to 07/31/2020				
Parameter	Season	Limit Type	Limits	
CADMIUM, TOTAL (AS CD)				
	Yearly	30 Day Average	0.00045 MG/L	0.0195 LBS/DAY
	Yearly	Daily Maximum	0.00432 MG/L	0.1861 LBS/DAY
CHROMIUM, HEXAVALENT, AS CR (CHROMIUM VI)				
	Yearly	30 Day Average	0.011 MG/L	0.476 LBS/DAY
	Yearly	Daily Maximum	0.016 MG/L	0.690 LBS/DAY
CYANIDE, TOTAL (AS CN)				
	Yearly	30 Day Average	0.00524 MG/L	0.225 LBS/DAY
	Yearly	Daily Maximum	0.0220 MG/L	0.949 LBS/DAY
PHOSPHORUS, TOTAL (AS P)				
	Yearly	Daily Maximum	0.5 MG/L	
SILVER, TOTAL (AS AG)				
	Yearly	30 Day Average	0.0038 MG/L	0.164 LBS/DAY
	Yearly	Daily Maximum	0.0038 MG/L	0.164 LBS/DAY
COPPER, TOTAL (AS CU)				
	Yearly	30 Day Average	0.0170 MG/L	0.729 LBS/DAY
	Yearly	Daily Maximum	0.0269 MG/L	1.16 LBS/DAY
LEAD, TOTAL (AS PB)				
	Yearly	30 Day Average	0.00775 MG/L	0.333 LBS/DAY
	Yearly	Daily Maximum	0.198 MG/L	8.51 LBS/DAY

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### **Monitoring and Reporting Requirements**

- (a) Samples and measurements taken shall be representative of the volume and nature of the monitored wastewater.
- (b) Analytical and sampling methods specified in 40 CFR Part 136 or other methods approved in writing by the department shall be utilized. Samples collected for operational testing need not be analyzed by approved analytical methods; however, commonly accepted test methods should be used.
- (c) You are required to report all data including calculated results needed to determine compliance with the limitations contained in this permit. The results of any monitoring not specified in this permit performed at the compliance monitoring point and analyzed according to 40 CFR Part 136 shall be included in the calculation and reporting of any data submitted in accordance with this permit. This includes daily maximums and minimums and 30-day and 7-day averages for all parameters that have concentration (mg/l) and mass (lbs/day) limits. In addition, flow data shall be reported in million gallons per day (MGD).
- (d) Results of all monitoring shall be recorded on forms provided by, or approved by, the department, and shall be submitted to the appropriate regional field office of the department by the fifteenth day following the close of the reporting period. Your reporting period is on a MONTHLY basis, ending on the last day of each reporting period.
- (e) Any records of monitoring activities and results shall include for all samples: the date, exact place and time of the sampling; the dates the analyses were performed; who performed the analyses; the analytical techniques or methods used; and the results of such analyses.
- (f) Chapter 63 of the Iowa Administrative Code contains further explanation of these monitoring requirements.

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

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Outfall	Wastewater Parameter	Sample Frequency	Sample Type	Monitoring Location
The following monitoring requirements shall be in effect from 08/01/2015 to 07/31/2020				
001	BIOCHEMICAL OXYGEN DEMAND (BOD5)	3 TIMES PER WEEK	24 HOUR COMPOSITE	RAW WASTE
001	FLOW	7/WEEK OR DAILY	24 HOUR TOTAL	RAW WASTE
001	NITROGEN, TOTAL (AS N)	1 TIME PER WEEK	24 HOUR COMPOSITE	RAW WASTE
001	PH	3 TIMES PER WEEK	GRAB	RAW WASTE
001	PHOSPHORUS, TOTAL (AS P)	1 TIME PER WEEK	24 HOUR COMPOSITE	RAW WASTE
001	TEMPERATURE	3 TIMES PER WEEK	GRAB	RAW WASTE
001	TOTAL SUSPENDED SOLIDS	3 TIMES PER WEEK	24 HOUR COMPOSITE	RAW WASTE
001	ACUTE TOXICITY, CERIODAPHNIA	1 EVERY 12 MONTHS	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	ACUTE TOXICITY, PIMEPHALES	1 EVERY 12 MONTHS	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	AMMONIA NITROGEN (N)	3 TIMES PER WEEK	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	CADMIUM, TOTAL (AS CD)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	CBOD5	3 TIMES PER WEEK	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	CHROMIUM, HEXAVALENT, AS CR (CHROMIUM VI)	1 TIME PER WEEK	GRAB	EFFLUENT AFTER DISINFECTION
001	COPPER, TOTAL (AS CU)	1 TIME PER WEEK	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	CYANIDE, TOTAL (AS CN)	1 EVERY MONTH	GRAB	EFFLUENT AFTER DISINFECTION
001	DISSOLVED OXYGEN	3 TIMES PER WEEK	GRAB	EFFLUENT AFTER DISINFECTION
001	LEAD, TOTAL (AS PB)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	NITROGEN, TOTAL (AS N)	1 TIME PER WEEK	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	NITROGEN, TOTAL KJELDAHL (AS N)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	PH	3 TIMES PER WEEK	GRAB	EFFLUENT AFTER DISINFECTION
001	PHOSPHORUS, TOTAL (AS P)	1 TIME PER WEEK	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	SILVER, TOTAL (AS AG)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
001	TEMPERATURE	3 TIMES PER WEEK	GRAB	EFFLUENT AFTER DISINFECTION
001	TOTAL SUSPENDED SOLIDS	3 TIMES PER WEEK	24 HOUR COMPOSITE	EFFLUENT AFTER DISINFECTION
The following monitoring requirements shall be in effect from 08/01/2018 to 07/31/2020				
001	E. COLI	GEO. MEAN 1/3 MONTHS	GRAB	EFFLUENT AFTER DISINFECTION

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### **Special Monitoring Requirements**

#### **Outfall # Description**

##### **001 E. COLI**

The average limit for E. coli of 126 org/100 ml specified in page 6 of this permit for Outfall 001 is a geometric mean. The disinfection season is established in the Iowa Administrative Code, Subparagraph 567 IAC 61.3(3)“a”(1), and is in effect from March 15 to November 15. Any disinfection system (chlorine, UV light, etc.) shall be operated to comply with the limit during the entire disinfection season whenever wastewater is being discharged from Outfall 001.

The facility must collect and analyze a minimum of five samples in one calendar month during each 3-month period from March 15 to November 15. The 3-month periods are March - May, June - August, and September - November. The collection of five samples in each 3-month period will result in a minimum of 15 samples being collected during a calendar year. For example, for the first 3-month period, the operator may choose April as the calendar month to collect the 5 individual E. coli samples to determine compliance with the limits. The operator may also choose the months of March or May as well, as long as each of the 5 samples is collected during a single calendar month. The same principle applies to the other two 3-month periods during the disinfection season. The following requirements apply to the individual samples collected in one calendar month:

Samples must be spaced over one calendar month.

No more than one sample can be collected on any one day.

There must be a minimum of two days between each sample.

No more than two samples may be collected in a period of seven consecutive days.

If the effluent has been chlorinated the samples shall be analyzed using the Most Probable Number method found in Standard Method 9223B (Colilert® or Colilert-18® made by IDEXX Laboratories, Inc.). If the effluent has not been chlorinated the samples shall be analyzed using either the MPN method above or EPA Method 1603: Escherichia coli (E. coli) in water by membrane filtration using modified membrane-thermotolerant E. coli agar (modified mTEC) or mColiBlue-24® made by the Hach Company.

The geometric mean must be calculated using all valid sample results collected during a month. The geometric mean formula is as follows: Geometric Mean = (Sample one \* Sample two \* Sample three \* Sample four \* Sample five...Sample N)<sup>(1/N)</sup>, which is the Nth root of the result of the multiplication of all of the sample results where N = the number of samples. If a sample result is a less than value, the value reported by the lab without the less than sign should be used in the geometric mean calculation.

The geometric mean can be calculated in one of the following ways:

Use a scientific calculator that can calculate the powers of numbers.

Enter the samples in Microsoft Excel and use the function "GEOMEAN" to perform the calculation.

Use the geometric mean calculator on the Iowa DNR webpage at: <http://www.iowadnr.com/water/npdes/calculator.html>.

#### **NITROGEN, TOTAL (AS N)**

Total nitrogen shall be determined by testing for Total Kjeldahl Nitrogen (TKN) and nitrate + nitrite nitrogen and reporting the sum of the TKN and nitrate + nitrite results (reported as N). Nitrate + nitrite can be analyzed together or separately.

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

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**AMMONIA NITROGEN (N)**

Ammonia shall be sampled and analyzed using an EPA approved method specified in 40 CFR 136 or using the Timberline Method Ammonia-001 alternative test procedure.

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### **ADDITIONAL OPERATING, MONITORING AND REPORTING REQUIREMENTS**

1. In addition to the monitoring requirements specified elsewhere in this permit, you shall sample and analyze your final effluent for parameters listed below at the frequency of one time per week. EPA approved test methods shall be used to test at a detection level at or below the levels listed after each parameter:
  - Chromium      0.011 mg/L
  - Copper        0.0093 mg/L
  
2. In addition to the monitoring requirements specified elsewhere in this permit, you shall sample and analyze your final effluent for parameters listed below at the frequency of one time per month. EPA approved test methods shall be used to test at a detection level at or below the levels listed after each parameter:
  - Cadmium      0.00027 mg/L
  - Cyanide       0.005 mg/L
  - Lead          0.003 mg/L
  - Silver         0.0038 mg/L

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP  
**Permit Number:** 3050901

**Significant Industrial User Discharges:**

**Significant Industrial User:** POLARIS INDUSTRIES, INC.

**Outfall #    Outfall Description**

001        DISCHARGE FROM PRETREATMENT PROCESS PRIOR TO MIXING WITH OTHER WASTESTREAMS.

**Significant Industrial User Effluent Limitations**

You are prohibited from discharging pollutants except in compliance with the following effluent limitations:

<b>POLARIS INDUSTRIES, INC.</b>				
<b>Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020</b>				
<u>Parameter</u>	<u>Season</u>	<u>Limit Type</u>	<u>Limit Values</u>	
<b>FLOW</b>				
	Yearly	30 Day Average	0.045 MGD	
	Yearly	Daily Maximum	0.072 MGD	
<b>ZINC, TOTAL (AS ZN)</b>				
	Yearly	30 Day Average	0.7 MG/L	0.2626 LBS/DAY
	Yearly	Daily Maximum	1.25 MG/L	0.469 LBS/DAY
<b>CADMIUM, TOTAL (AS CD)</b>				
	Yearly	30 Day Average	0.03 MG/L	0.0114 LBS/DAY
	Yearly	Daily Maximum	0.06 MG/L	0.0225 LBS/DAY
<b>CHROMIUM, TOTAL (AS CR)</b>				
	Yearly	30 Day Average	1.71 MG/L	0.6501 LBS/DAY
	Yearly	Daily Maximum	2.77 MG/L	1.040 LBS/DAY
<b>CYANIDE, TOTAL (AS CN)</b>				
	Yearly	30 Day Average	0.3 MG/L	0.1126 LBS/DAY
	Yearly	Daily Maximum	0.6 MG/L	0.225 LBS/DAY
<b>NICKEL, TOTAL (AS NI)</b>				
	Yearly	30 Day Average	0.7 MG/L	0.2661 LBS/DAY
	Yearly	Daily Maximum	1.4 MG/L	0.525 LBS/DAY

Facility Name: IOWA GREAT LAKES SANITARY DISTRICT STP

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**POLARIS INDUSTRIES, INC.**

**Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020**

<u>Parameter</u>	<u>Season</u>	<u>Limit Type</u>	<u>Limit Values</u>
<b>SILVER, TOTAL (AS AG)</b>			
	Yearly	30 Day Average	0.06 MG/L 0.0225 LBS/DAY
	Yearly	Daily Maximum	0.22 MG/L
<b>TOTAL TOXIC ORGANICS</b>			
	Yearly	Daily Maximum	2.13 MG/L
<b>COPPER, TOTAL (AS CU)</b>			
	Yearly	30 Day Average	1 MG/L 0.3752 LBS/DAY
	Yearly	Daily Maximum	2 MG/L 0.7506 LBS/DAY
<b>LEAD, TOTAL (AS PB)</b>			
	Yearly	30 Day Average	0.25 MG/L 0.095 LBS/DAY
	Yearly	Daily Maximum	0.4 MG/L 0.15 LBS/DAY
<b>PH</b>			
	Yearly	Daily Maximum	9.5 MG/L
	Yearly	MINIMUM	5.5 MG/L

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

## **Monitoring and Reporting Requirements**

- (a) Samples and measurements taken shall be representative of the volume and nature of the monitored wastewater.
- (b) Analytical and sampling methods specified in 40 CFR Part 136 or other methods approved in writing by the department shall be utilized. Samples collected for operational testing need not be analyzed by approved analytical methods; however, commonly accepted test methods should be used.
- (c) You are required to report all data including calculated results needed to determine compliance with the limitations contained in this permit. The results of any monitoring not specified in this permit performed at the compliance monitoring point and analyzed according to 40 CFR Part 136 shall be included in the calculation and reporting of any data submitted in accordance with this permit. This includes daily maximums and minimums and 30-day and 7-day averages for all parameters that have concentration (mg/l) and mass (lbs/day) limits. In addition, flow data shall be reported in million gallons per day (MGD).
- (d) Results of all monitoring shall be recorded on forms provided by, or approved by, the department, and shall be submitted to the appropriate regional field office of the department by the fifteenth day following the close of the reporting period. Your reporting period is on a MONTHLY basis, ending on the last day of each reporting period.
- (e) Any records of monitoring activities and results shall include for all samples: the date, exact place and time of the sampling; the dates the analyses were performed; who performed the analyses; the analytical techniques or methods used; and the results of such analyses.
- (f) Chapter 63 of the Iowa Administrative Code contains further explanation of these monitoring requirements.

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

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**POLARIS INDUSTRIES, INC.**

<b>Outfall</b>	<b>Wastewater Parameter</b>	<b>Sample Frequency</b>	<b>Sample Type</b>	<b>Monitoring Location</b>
001	CADMIUM, TOTAL (AS CD)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	CHROMIUM, TOTAL (AS CR)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	COPPER, TOTAL (AS CU)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	CYANIDE, TOTAL (AS CN)	1 EVERY MONTH	GRAB	EFFLUENT FROM PRETREATMENT PROCESS
001	FLOW	7/WEEK OR DAILY	24 HOUR TOTAL	EFFLUENT FROM PRETREATMENT PROCESS
001	LEAD, TOTAL (AS PB)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	NICKEL, TOTAL (AS NI)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	PH	1 EVERY MONTH	GRAB	EFFLUENT FROM PRETREATMENT PROCESS
001	SILVER, TOTAL (AS AG)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	TOTAL TOXIC ORGANICS	1 EVERY MONTH	GRAB	EFFLUENT FROM PRETREATMENT PROCESS
001	ZINC, TOTAL (AS ZN)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

**POLARIS INDUSTRIES, INC. Special Monitoring Requirements**

**Outfall # Description**

001 TOTAL TOXIC ORGANICS

IN LIEU OF THE MONITORING REQUIRED FOR TTO, THE PERMITTEE MAY SUBMIT THE FOLLOWING CERTIFICATION:  
"BASED IN MY INQUIRY OF THE PERSON OR PERSONS DIRECTLY RESPONSIBLE FOR MANAGING COMPLIANCE WITH THE  
PRETREATMENT STANDARD FOR TOTAL TOXIC ORGANICS (TTO). I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE  
AND BELIEF, NO DUMPING OF CONCENTRATED TOXIC ORGANICS INTO THE WASTEWATER HAS OCCURRED SINCE  
FILING OF THE LAST REPORT. I FURTHER CERTIFY THAT THIS FACILITY IS IMPLEMENTING THE TOXIC ORGANICS  
MANAGEMENT PLAN SUBMITTED TO THE DEPARTMENT."

Facility Name: IOWA GREAT LAKES SANITARY DISTRICT STP

Permit Number: 3050901

**Significant Industrial User Discharges:**

**Significant Industrial User:** ROSENBOOM MACHINE & TOOL, INC.

**Outfall # Outfall Description**

001 DISCHARGE FROM PRETREATMENT PROCESS PRIOR TO MIXING WITH OTHER WASTESTREAMS

**Significant Industrial User Effluent Limitations**

You are prohibited from discharging pollutants except in compliance with the following effluent limitations:

<b>ROSENBOOM MACHINE &amp; TOOL, INC.</b>				
<b>Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020</b>				
<u>Parameter</u>	<u>Season</u>	<u>Limit Type</u>	<u>Limit Values</u>	
<b>FLOW</b>				
	Yearly	30 Day Average	0.01 MGD	
	Yearly	Daily Maximum	0.0432 MGD	
<b>ZINC, TOTAL (AS ZN)</b>				
	Yearly	30 Day Average	0.7 MG/L	0.05841 LBS/DAY
	Yearly	Daily Maximum	1.25 MG/L	0.10431 LBS/DAY
<b>CADMIUM, TOTAL (AS CD)</b>				
	Yearly	30 Day Average	0.03 MG/L	0.0025 LBS/DAY
	Yearly	Daily Maximum	0.06 MG/L	0.005 LBS/DAY
<b>CHROMIUM, TOTAL (AS CR)</b>				
	Yearly	30 Day Average	1.71 MG/L	0.1427 LBS/DAY
	Yearly	Daily Maximum	2.77 MG/L	0.23116 LBS/DAY
<b>CYANIDE, TOTAL (AS CN)</b>				
	Yearly	30 Day Average	0.3 MG/L	0.02503 LBS/DAY
	Yearly	Daily Maximum	0.6 MG/L	0.05007 LBS/DAY
<b>NICKEL, TOTAL (AS NI)</b>				
	Yearly	30 Day Average	0.7 MG/L	0.05841 LBS/DAY
	Yearly	Daily Maximum	1.4 MG/L	0.11683 LBS/DAY

Facility Name: IOWA GREAT LAKES SANITARY DISTRICT STP

Permit Number: 3050901

<b>ROSENBOOM MACHINE &amp; TOOL, INC.</b>			
<b>Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020</b>			
<b><u>Parameter</u></b>	<b><u>Season</u></b>	<b><u>Limit Type</u></b>	<b><u>Limit Values</u></b>
<b>SILVER, TOTAL (AS AG)</b>			
	Yearly	30 Day Average	0.06 MG/L 0.005 LBS/DAY
	Yearly	Daily Maximum	0.22 MG/L 0.01836 LBS/DAY
<b>TOTAL TOXIC ORGANICS</b>			
	Yearly	Daily Maximum	2.13 MG/L
<b>COPPER, TOTAL (AS CU)</b>			
	Yearly	30 Day Average	1.0 MG/L 0.08345 LBS/DAY
	Yearly	Daily Maximum	2.0 MG/L 0.1669 LBS/DAY
<b>LEAD, TOTAL (AS PB)</b>			
	Yearly	30 Day Average	0.25 MG/L 0.02086 LBS/DAY
	Yearly	Daily Maximum	0.4 MG/L 0.03338 LBS/DAY
<b>PH</b>			
	Yearly	Daily Maximum	9.0 STD UNITS
	Yearly	MINIMUM	6.0 STD UNITS

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

## **Monitoring and Reporting Requirements**

- (a) Samples and measurements taken shall be representative of the volume and nature of the monitored wastewater.
- (b) Analytical and sampling methods specified in 40 CFR Part 136 or other methods approved in writing by the department shall be utilized. Samples collected for operational testing need not be analyzed by approved analytical methods; however, commonly accepted test methods should be used.
- (c) You are required to report all data including calculated results needed to determine compliance with the limitations contained in this permit. The results of any monitoring not specified in this permit performed at the compliance monitoring point and analyzed according to 40 CFR Part 136 shall be included in the calculation and reporting of any data submitted in accordance with this permit. This includes daily maximums and minimums and 30-day and 7-day averages for all parameters that have concentration (mg/l) and mass (lbs/day) limits. In addition, flow data shall be reported in million gallons per day (MGD).
- (d) Results of all monitoring shall be recorded on forms provided by, or approved by, the department, and shall be submitted to the appropriate regional field office of the department by the fifteenth day following the close of the reporting period. Your reporting period is on a MONTHLY basis, ending on the last day of each reporting period.
- (e) Any records of monitoring activities and results shall include for all samples: the date, exact place and time of the sampling; the dates the analyses were performed; who performed the analyses; the analytical techniques or methods used; and the results of such analyses.
- (f) Chapter 63 of the Iowa Administrative Code contains further explanation of these monitoring requirements.

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

**ROSENBOOM MACHINE & TOOL, INC.**

<b>Outfall</b>	<b>Wastewater Parameter</b>	<b>Sample Frequency</b>	<b>Sample Type</b>	<b>Monitoring Location</b>
001	CADMIUM, TOTAL (AS CD)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	CHROMIUM, TOTAL (AS CR)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	COPPER, TOTAL (AS CU)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	CYANIDE, TOTAL (AS CN)	1 EVERY MONTH	GRAB	EFFLUENT FROM PRETREATMENT PROCESS
001	FLOW	7/WEEK OR DAILY	24 HOUR TOTAL	EFFLUENT FROM PRETREATMENT PROCESS
001	LEAD, TOTAL (AS PB)	2 PER MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	NICKEL, TOTAL (AS NI)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	PH	1 EVERY MONTH	GRAB	EFFLUENT FROM PRETREATMENT PROCESS
001	SILVER, TOTAL (AS AG)	2 PER MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS
001	TOTAL TOXIC ORGANICS	1 EVERY MONTH	GRAB	EFFLUENT FROM PRETREATMENT PROCESS
001	ZINC, TOTAL (AS ZN)	1 EVERY MONTH	24 HOUR COMPOSITE	EFFLUENT FROM PRETREATMENT PROCESS

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

**ROSENBOOM MACHINE & TOOL, INC. Special Monitoring Requirements**

**Outfall # Description**

001 TOTAL TOXIC ORGANICS

IN LIEU OF THE MONITORING REQUIRED FOR TTO, THE PERMITTEE MAY SUBMIT THE FOLLOWING CERTIFICATION:  
"BASED IN MY INQUIRY OF THE PERSON OR PERSONS DIRECTLY RESPONSIBLE FOR MANAGING COMPLIANCE WITH THE  
PRETREATMENT STANDARD FOR TOTAL TOXIC ORGANICS (TTO). I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE  
AND BELIEF, NO DUMPING OF CONCENTRATED TOXIC ORGANICS INTO THE WASTEWATER HAS OCCURRED SINCE  
FILING OF THE LAST REPORT. I FURTHER CERTIFY THAT THIS FACILITY IS IMPLEMENTING THE TOXIC ORGANICS  
MANAGEMENT PLAN SUBMITTED TO THE DEPARTMENT."

Facility Name: IOWA GREAT LAKES SANITARY DISTRICT STP

Permit Number: 3050901

**Significant Industrial User Discharges:**

**Significant Industrial User:** POLARIS INDUSTRIES - MILFORD

**Outfall # Outfall Description**

001 Discharge to sanitary sewer prior to mixing with other wastes.

**Significant Industrial User Effluent Limitations**

You are prohibited from discharging pollutants except in compliance with the following effluent limitations:

<b><i>POLARIS INDUSTRIES - MILFORD</i></b>			
<b><i>Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020</i></b>			
<b><u>Parameter</u></b>	<b><u>Season</u></b>	<b><u>Limit Type</u></b>	<b><u>Limit Values</u></b>
<b>FLOW</b>			
	Yearly	30 Day Average	0.045 MGD
	Yearly	Daily Maximum	.072 MGD
<b>ZINC, TOTAL (AS ZN)</b>			
	Yearly	30 Day Average	0.7 MG/L 0.263 LBS/DAY
	Yearly	Daily Maximum	1.25 MG/L 0.469 LBS/DAY
<b>CADMIUM, TOTAL (AS CD)</b>			
	Yearly	30 Day Average	0.030 MG/L .011 LBS/DAY
	Yearly	Daily Maximum	0.06 MG/L 0.0225 LBS/DAY
<b>CHROMIUM, TOTAL (AS CR)</b>			
	Yearly	30 Day Average	1.71 MG/L 0.642 LBS/DAY
	Yearly	Daily Maximum	2.77 MG/L 1.040 LBS/DAY
<b>CYANIDE, TOTAL (AS CN)</b>			
	Yearly	30 Day Average	0.3 MG/L 0.113 LBS/DAY
	Yearly	Daily Maximum	0.6 MG/L 0.225 LBS/DAY
<b>NICKEL, TOTAL (AS NI)</b>			
	Yearly	30 Day Average	0.7 MG/L 0.263 LBS/DAY
	Yearly	Daily Maximum	1.4 MG/L 0.525 LBS/DAY

Facility Name: IOWA GREAT LAKES SANITARY DISTRICT STP

Permit Number: 3050901

**POLARIS INDUSTRIES - MILFORD**

**Outfall: 001 Effective Dates: 08/01/2015 to 07/31/2020**

<u>Parameter</u>	<u>Season</u>	<u>Limit Type</u>	<u>Limit Values</u>
<b>SILVER, TOTAL (AS AG)</b>			
	Yearly	30 Day Average	0.06 MG/L 0.0225 LBS/DAY
	Yearly	Daily Maximum	0.220 MG/L 0.0826 LBS/DAY
<b>TOTAL TOXIC ORGANICS</b>			
	Yearly	Daily Maximum	2.13 MG/L
<b>COPPER, TOTAL (AS CU)</b>			
	Yearly	30 Day Average	1.0 MG/L 0.3753 LBS/DAY
	Yearly	Daily Maximum	2.0 MG/L 0.7506 LBS/DAY
<b>LEAD, TOTAL (AS PB)</b>			
	Yearly	30 Day Average	0.25 MG/L 0.094 LBS/DAY
	Yearly	Daily Maximum	0.4 MG/L 0.15 LBS/DAY
<b>PH</b>			
	Yearly	Daily Maximum	9.5 STD UNITS
	Yearly	MINIMUM	5.5 STD UNITS

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

## **Monitoring and Reporting Requirements**

- (a) Samples and measurements taken shall be representative of the volume and nature of the monitored wastewater.
- (b) Analytical and sampling methods specified in 40 CFR Part 136 or other methods approved in writing by the department shall be utilized. Samples collected for operational testing need not be analyzed by approved analytical methods; however, commonly accepted test methods should be used.
- (c) You are required to report all data including calculated results needed to determine compliance with the limitations contained in this permit. The results of any monitoring not specified in this permit performed at the compliance monitoring point and analyzed according to 40 CFR Part 136 shall be included in the calculation and reporting of any data submitted in accordance with this permit. This includes daily maximums and minimums and 30-day and 7-day averages for all parameters that have concentration (mg/l) and mass (lbs/day) limits. In addition, flow data shall be reported in million gallons per day (MGD).
- (d) Results of all monitoring shall be recorded on forms provided by, or approved by, the department, and shall be submitted to the appropriate regional field office of the department by the fifteenth day following the close of the reporting period. Your reporting period is on a MONTHLY basis, ending on the last day of each reporting period.
- (e) Any records of monitoring activities and results shall include for all samples: the date, exact place and time of the sampling; the dates the analyses were performed; who performed the analyses; the analytical techniques or methods used; and the results of such analyses.
- (f) Chapter 63 of the Iowa Administrative Code contains further explanation of these monitoring requirements.

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

**POLARIS INDUSTRIES - MILFORD**

<b>Outfall</b>	<b>Wastewater Parameter</b>	<b>Sample Frequency</b>	<b>Sample Type</b>	<b>Monitoring Location</b>
001	CADMIUM, TOTAL (AS CD)	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER
001	CHROMIUM, TOTAL (AS CR)	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER
001	COPPER, TOTAL (AS CU)	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER
001	CYANIDE, TOTAL (AS CN)	1 EVERY MONTH	GRAB	PRIOR TO DISCHARGE TO CITY SEWER
001	FLOW	7/WEEK OR DAILY	24 HOUR TOTAL	PRIOR TO DISCHARGE TO CITY SEWER
001	LEAD, TOTAL (AS PB)	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER
001	NICKEL, TOTAL (AS NI)	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER
001	PH	1 EVERY MONTH	GRAB	PRIOR TO DISCHARGE TO CITY SEWER
001	SILVER, TOTAL (AS AG)	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER
001	TOTAL TOXIC ORGANICS	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER
001	ZINC, TOTAL (AS ZN)	1 EVERY MONTH	24 HOUR COMPOSITE	PRIOR TO DISCHARGE TO CITY SEWER

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

**POLARIS INDUSTRIES - MILFORD Special Monitoring Requirements**

**Outfall # Description**

001 TOTAL TOXIC ORGANICS

IN LIEU OF THE MONITORING REQUIRED FOR TTO, THE PERMITTEE MAY SUBMIT THE FOLLOWING CERTIFICATION:  
"BASED IN MY INQUIRY OF THE PERSON OR PERSONS DIRECTLY RESPONSIBLE FOR MANAGING COMPLIANCE WITH THE  
PRETREATMENT STANDARD FOR TOTAL TOXIC ORGANICS (TTO). I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE  
AND BELIEF, NO DUMPING OF CONCENTRATED TOXIC ORGANICS INTO THE WASTEWATER HAS OCCURRED SINCE  
FILING OF THE LAST REPORT. I FURTHER CERTIFY THAT THIS FACILITY IS IMPLEMENTING THE TOXIC ORGANICS  
MANAGEMENT PLAN SUBMITTED TO THE DEPARTMENT."

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

Outfall Number: 001

### **Ceriodaphnia and Pimephales Toxicity Effluent Testing**

1. For facilities that have not been required to conduct toxicity testing by a previous NPDES permit, the initial annual toxicity test shall be conducted within three (3) months of permit issuance. For facilities that have been required to conduct toxicity testing by a previous NPDES permit, the initial annual toxicity test shall be conducted within twelve months (12) of the last toxicity test.
2. The test organisms that are to be used for acute toxicity testing shall be *Ceriodaphnia dubia* and *Pimephales promelas*. The acute toxicity testing procedures used to demonstrate compliance with permit limits shall be those listed in 40 CFR Part 136 and adopted by reference in rule 567--63.1(1). The method for measuring acute toxicity is specified in USEPA, October 2002, *Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms*, Fifth Edition. U.S. Environmental Protection Agency, Office of Water, Washington, D.C., EPA 821-R-02-012.
3. The diluted effluent sample must contain a minimum of 99.90 % effluent and no more than 0.10 % of culture water.
4. One valid positive toxicity result will require, at a minimum, quarterly testing for effluent toxicity until three successive tests are determined not to be positive.
5. Two successive valid positive toxicity results or three positive results out of five successive valid effluent toxicity tests will require a toxicity reduction evaluation to be completed to eliminate the toxicity.
6. A non-toxic test result shall be indicated as a "1" on the monthly operation report. A toxic test result shall be indicated as a "2" on the monthly operation report. DNR Form 542-1381 shall also be submitted to the DNR field office along with the monthly operation report.

### **Ceriodaphnia and Pimephales Toxicity Effluent Limits**

The maximum limit of "1" for the parameters Acute Toxicity, *Ceriodaphnia* and Acute Toxicity, *Pimephales* means no positive toxicity results.

Definition: "Positive toxicity result" means a statistical difference of mortality rate between the control and the diluted effluent sample. For more information see USEPA, October 2002, *Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms*, Fifth Edition, U.S. Environmental Protection Agency, Office of Water, Washington, D.C., EPA 821-R-02-012.

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### **Design Capacity**

#### **Design: 2**

The design capacity for the treatment works is specified in Construction Permit Number 2007-0320-S, issued Monday, April 09, 2007.

The treatment plant is designed to treat:

- \* An average dry weather (ADW) flow of 2.2200 Million Gallons Per Day (MGD).
- \* An average wet weather (AWW) flow of 5.1700 Million Gallons Per Day (MGD).
- \* A maximum wet weather (MWW) flow of 10.2600 Million Gallons Per Day (MGD).
- \* A design 5-day biochemical oxygen demand (BOD5) load of 12393 lbs/day.
- \* A design Total Kjeldahl Nitrogen (TKN) load of 1142.00 lbs/day.

Operator Certification Type/Grade: WW/IV

Wastes in such volumes or quantities as to exceed the design capacity of the treatment works or reduce the effluent quality below that specified in the operation permit of the treatment works are considered to be a waste which interferes with the operation or performance of the treatment works and are prohibited by subrule IAC 567-62.1(7).

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### **SEWAGE SLUDGE HANDLING AND DISPOSAL REQUIREMENTS**

"Sewage sludge" is solid, semisolid, or liquid residue generated during the treatment of domestic sewage in a treatment works. Sewage sludge does not include the grit and screenings generated during preliminary treatment.

1. The permittee shall comply with all existing Federal and State laws and regulations that apply to the use and disposal of sewage sludge and with technical standards developed pursuant to Section 405(d) of the Clean Water Act when such standards are promulgated. If an applicable numerical limit or management practice for pollutants in sewage sludge is promulgated after issuance of this permit that is more stringent than a sludge pollutant limit or management practice specified in existing Federal or State laws or regulations, this permit shall be modified, or revoked and reissued, to conform to the regulations promulgated under Section 405(d) of the Clean Water Act. The permittee shall comply with the limitation no later than the compliance deadline specified in the applicable regulations.
2. The permittee shall provide written notice to the Department of Natural Resources prior to any planned changes in sludge disposal practices.
3. Land application of sewage sludge shall be conducted in accordance with criteria established in rule IAC 567--67.1 through 67.11 (455B).

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### **MAJOR CONTRIBUTING INDUSTRIES LIMITATIONS, MONITORING AND REPORTING REQUIREMENTS**

**1.** You are required to notify the department, in writing, of any of the following:

(a) 180 days prior to the introduction of pollutants to your facility from a significant industrial user. A significant industrial user means an industrial user of a treatment works that:

(1) Discharges an average of 25,000 gallons per day or more of process wastewater excluding sanitary, noncontact cooling and boiler blowdown wastewater;

(2) Contributes a process waste stream which makes up five percent or more of the average dry weather hydraulic or organic capacity of the publicly-owned treatment works:

(3) Is subject to Categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N; or

(4) Is designated by the department as a significant industrial user on the basis that the contributing industry, either singly or in combination with other contributing industries, has a reasonable potential for adversely affecting the operation of or effluent quality from the publicly-owned treatment works or for violating any pretreatment standards or requirements.

(b) 60 days prior to a proposed expansion, production increase or process modification that may result in the discharge of a new pollutant or a discharge in excess of limitations stated in the existing treatment agreement.

(c) 10 days prior to any commitment by you to accept waste from any new significant industrial user. Your written notification must include a new or revised treatment agreement in accordance with rule 64.3(5)(455B).

**2.** You shall require all users of your facility to comply with Sections 204(b), 307 and 308 of the Clean Water Act.

Section 204(b) requires that all users of the treatment works constructed with funds provided under Sections 201(g) or 601 of the Act to pay their proportionate share of the costs of operation, maintenance and replacement of the treatment works.

Section 307 of the Act requires users to comply with pretreatment standards promulgated by EPA for pollutants that would cause interference with the treatment process or would pass through the treatment works.

Section 308 of the Act requires users to allow access at reasonable times to state and EPA inspectors for the purpose of sampling the discharge and reviewing and copying records.

**3.** You shall limit and monitor pollutants for each significant industrial user as required elsewhere in this permit, and submit sample results to the department monthly. Your report shall be submitted by the fifteenth day of the following month.

Revised: June 16, 2009 CAC

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### NUTRIENT REDUCTION REQUIREMENTS

In support of the Iowa Nutrient Reduction Strategy you shall prepare and submit a report that evaluates the feasibility and reasonableness of reducing the amounts of nitrogen and phosphorus discharged into surface water. The report shall be submitted no later than **August 1, 2017** and shall address the following:

- ⤴ A description of the existing treatment facility with particular emphasis on its capabilities for removing nitrogen and phosphorus. The description shall include monitoring data that define the current amounts of total nitrogen (TKN+nitrate+nitrite) and total phosphorus in both the raw wastewater and the final effluent.
- ⤴ A description and evaluation of operational changes to the existing treatment facility that could be implemented to reduce the amounts of total nitrogen and total phosphorus discharged in the final effluent and the feasibility and reasonableness of each. Your evaluation must discuss the projected degree of total nitrogen and total phosphorus reduction achievable for each operational change. When evaluating feasibility you must consider what, if any, effect operational changes would have on the removal of other pollutants (e.g. CBOD<sub>5</sub>, TSS). When evaluating reasonableness you shall include estimates of the additional cost, if any, to implement such changes and for a publicly-owned treatment works the impact on user rates.
- ⤴ A description and evaluation of new or additional treatment technologies that would achieve significant reductions in the amounts of total nitrogen and total phosphorus discharged in the final effluent with a goal of achieving annual average mass limits based on AWW design flow equivalent to concentrations of 10 mg/L total nitrogen and 1 mg/L total phosphorus for plants treating typical domestic strength sewage. For purposes of this evaluation typical domestic sewage is considered to contain approximately 25 – 35 mg/L total nitrogen and 4 - 8 mg/L total phosphorus. For plants treating wastewater with total nitrogen and/or total phosphorus concentrations greater than typical domestic strength sewage, the evaluation shall include the projected reductions in the total nitrogen and phosphorus effluent concentrations achievable with the application of feasible and reasonable treatment technology with a goal of achieving at least a 60 % reduction in nitrogen and 75% reduction in total phosphorus. For each treatment technology the report shall assess its feasibility, reasonableness, practicability, the availability of equipment, capital costs, annual operating costs, impact on user rates and any non-water quality environmental impacts (e.g. additional air pollution, increased sludge production, etc.).
- ⤴ Based on the evaluations of operational changes and new or additional treatment technologies the report must select the preferred method(s) for reducing total nitrogen and total phosphorus in the final effluent, the rationale for the selected method(s) and an estimate of the effluent quality achievable.
- ⤴ The report must include a schedule for making operational changes and/or installing new or additional treatment technologies to achieve the projected effluent quality attainable using the selected method(s). The effluent discharge limits will be based on one full year of operating data after implementation of the operational changes or completion of plant modifications and a six month optimization period and will be incorporated into the NPDES permit by amendment.
- ⤴ The feasibility study should consider that the facility is required to implement a TMDL based phosphorus limit which may be more stringent than a technology based limit considered under the Iowa Nutrient Reduction Strategy.

The report shall be sent to the following addresses:

Iowa Department of Natural Resources  
Environmental Services Division  
Regional Office #3  
1900 North Grand Ave., Suite E17  
Spencer, IA 51301

Ben Hucka  
NPDES Section  
Iowa Department of Natural Resources  
502 East 9<sup>th</sup> Street  
Des Moines, Iowa 50319

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

#### **Total Phosphorus Compliance Schedule**

The IGLSD shall meet the Total Phosphorus effluent limit listed on page 7 of this permit according to the following schedule:

- The IGLSD shall submit a compliance strategy, by February 1, 2016. The compliance strategy must describe the steps the facility will take to comply with the Total Phosphorus effluent limits as soon as possible, but no later than July 1, 2020.
- The IGLSD shall submit progress reports every 12 months until compliance with the Total Phosphorus effluent limit is achieved, with the first progress report due February 1, 2017.
- Achieve compliance with the Total Phosphorus effluent limit by July 1, 2020.

Within fourteen (14) days following all dates of compliance, the permittee shall provide written notice of compliance with the scheduled event. All written notices and progress reports shall be sent to the following addresses:

Iowa Department of Natural Resources  
Environmental Services Division  
Regional Office #3  
1900 North Grand Ave., Suite E17  
Spencer, IA 51301

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### **Metals Compliance Schedule**

The IGLSD shall meet the Cadmium, Chromium, Copper, Cyanide, Lead, and Silver effluent limits listed on page 7 of this permit according to the following schedule:

- The IGLSD shall submit a compliance strategy, by February 1, 2016. The compliance strategy must describe the steps the facility will take to comply with the Cadmium, Chromium, Copper, Cyanide, Lead, and Silver effluent limits as soon as possible, but no later than July 1, 2020.
- The IGLSD shall submit progress reports every 12 months until compliance with Cadmium, Chromium, Copper, Cyanide, Lead, and Silver effluent limits is achieved, with the first progress report due February 1, 2017.
- Achieve compliance with Cadmium, Chromium, Copper, Cyanide, Lead, and Silver effluent limits by July 1, 2020.

Within fourteen (14) days following all dates of compliance, the permittee shall provide written notice of compliance with the scheduled event. All written notices and progress reports shall be sent to the following addresses:

Iowa Department of Natural Resources  
Environmental Services Division  
Regional Office #3  
1900 North Grand Ave., Suite E17  
Spencer, IA 51301

**Facility Name:** IOWA GREAT LAKES SANITARY DISTRICT STP

**Permit Number:** 3050901

### ***E. coli* Compliance Schedule**

The IGLSD shall make necessary improvements to meet the final *E. coli* limit on Page 6 of this permit according to the following schedule:

- Complete a Self-Assessment Matrix and submit a Work Record Request form to DNR's Wastewater Engineering Section by October 1, 2015. The forms and instructions are available on the DNR website at <http://www.iowadnr.gov/InsideDNR/RegulatoryWater/WastewaterConstruction.aspx>. Questions on the forms should be directed to either Terry Kirschenman at 515/281-8885 or Emy Liu at 515-281-8509.
- Submit a Facility Plan by February 1, 2016. The Facility Plan shall be in accordance with Chapter 11.2 of the Iowa Wastewater Facilities Design Standards adopted April 25, 1979.
- Submit progress report by August 1, 2016.
- Submit final plans and specifications by January 1, 2017.
- Award contract for construction of wastewater treatment improvements by March 1, 2017.
- Submit progress report by November 1, 2017.
- Complete construction of wastewater treatment improvements by July 1, 2018.
- Achieve compliance with the final *E. coli* limit by August 1, 2018.

Within fourteen (14) days following all dates of compliance, the permittee shall provide written notice of compliance with the scheduled event. All written notices and progress reports shall be sent to the following addresses:

Iowa Department of Natural Resources  
Environmental Services Division  
Regional Office #3  
1900 North Grand Ave., Suite E17  
Spencer, IA 51301

## STANDARD CONDITIONS

### 1. ADMINISTRATIVE RULES

Rules of this Department that govern the operation of your facility in connection with this permit are published in Part 567 of the Iowa Administrative Code (IAC) in Chapters 60-65, 67, and 121. Reference to the term “rule” in this permit means the designated provision of Part 567 of the IAC. Reference to the term “CFR” means the Code of Federal Regulations.

### 2. DEFINITIONS

- (a) 7 day average means the sum of the total daily discharges by mass, volume, or concentration during a 7 consecutive day period, divided by the total number of days during the period that measurements were made. Four 7 consecutive day periods shall be used each month to calculate the 7-day average. The first 7-day period shall begin with the first day of the month.
- (b) 30 day average means the sum of the total daily discharges by mass, volume, or concentration during a calendar month, divided by the total number of days during the month that measurements were made.
- (c) Daily maximum means the total discharge by mass, volume, or concentration during a twenty-four hour period.

### 3. DUTY TO COMPLY

You must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of the Clean Water Act and is grounds for enforcement action; permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. Issuance of this permit does not relieve you of the responsibility to comply with all local, state and federal laws, ordinances, regulations or other legal requirements applying to the operation of your facility. *{See 40 CFR 122.41(a) and 567 IAC 64.7(4)“e”}*

### 4. DUTY TO PROVIDE INFORMATION

You must furnish to the Director, within a reasonable time, any information the Director may request to determine compliance with this permit or determine whether cause exists for modifying, revoking and reissuing, or terminating this permit, in accordance with 567 IAC 64.3(11)(c). You must also furnish to the Director, upon request, copies of any records required to be kept by this permit.

### 5. NEED TO HALT OR REDUCE ACTIVITY

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *{See 40 CFR 122.41(c) and 567 IAC 64.7(7)“j”}*

### 6. DUTY TO MITIGATE

You shall take all reasonable steps to minimize or prevent any discharge in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. *{See 40 CFR 122.41(d) and 567 IAC 64.7(7)“i”}*

### 7. PROPERTY RIGHTS

This permit does not convey any property rights of any sort or any exclusive privilege. *{See 567 IAC 64.4(3)“b”}*

### 8. TRANSFER OF TITLE OR OWNER ADDRESS CHANGE

If title to your facility, or any part of it, is transferred the new owner shall be subject to this permit. You are required to notify the new owner of the requirements of this permit in writing prior to any transfer of title. The Director shall be notified in writing within 30 days of the transfer. No transfer of the authorization to discharge from the facility represented by the permit shall take place prior to notifying the department of the transfer of title. Whenever the address of the owner is changed, the department shall be notified in writing within 30 days of the address change. Electronic notification is not sufficient; all title transfers or address changes must be reported to the department by mail. *{See 567 IAC 64.14}*

### 9. PROPER OPERATION AND MAINTENANCE

All facilities and control systems shall be operated as efficiently as possible and maintained in good working order. A sufficient number of staff, adequately trained and knowledgeable in the operation of your facility shall be retained at all times and adequate laboratory controls and appropriate quality assurance procedures shall be provided to maintain compliance with the conditions of this permit. *{See 40 CFR 122.41(e) and 567 IAC 64.7(7)“f”}*

### 10. PERMIT MODIFICATION, SUSPENSION OR REVOCATION

- (a) This permit may be modified, suspended, or revoked and reissued for cause including but not limited to those specified in 567 IAC 64.3(11).
- (b) This permit may be modified due to conditions or information on which this permit is based, including any new standard the department may adopt that would change the required effluent limits. *{See 567 IAC 64.3(11)}*
- (c) If a toxic pollutant is present in your discharge and more stringent standards for toxic pollutants are established under Section 307(a) of the Clean Water Act, this permit will be modified in accordance with the new standards. *{See 40 CFR 122.62(a)(6) and 567 IAC 64.7(7)“g”}*

The filing of a request for a permit modification, revocation or suspension, or a notification of planned changes or anticipated noncompliance does not stay any permit condition.

### 11. DUTY TO REAPPLY AND PERMIT CONTINUATION

If you wish to continue to discharge after the expiration date of this permit, you must file a complete application for reissuance at least 180 days prior to the expiration date of this permit. If a timely and sufficient application is submitted, this permit will remain in effect until the Department makes a final determination on the permit application. *{See 567 IAC 64.8(1) and Iowa Code 17A.18}*

### 12. SIGNATORY REQUIREMENTS

Applications, reports or other information submitted to the Department in connection with this permit must be signed and certified as required by 567 IAC 64.3(8).

## STANDARD CONDITIONS

### 13. TWENTY-FOUR HOUR REPORTING

You shall report any noncompliance that may endanger human health or the environment, including, but not limited to, violations of maximum daily limits for any toxic pollutant (listed as toxic under 307(a)(1) of the Clean Water Act) or hazardous substance (as designated in 40 CFR Part 116 pursuant to 311 of the Clean Water Act). Information shall be provided orally within 24 hours from the time you become aware of the circumstances. A written submission that includes a description of noncompliance and its cause; the period of noncompliance including exact dates and times, whether the noncompliance has been corrected or the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent a reoccurrence of the noncompliance must be provided within 5 days of the occurrence. *{See 567 IAC 63.12}*

### 14. OTHER NONCOMPLIANCE

You shall report all instances of noncompliance not reported under Condition #13 at the time monitoring reports are submitted. You shall give advance notice to the appropriate regional field office of the department of any planned activity which may result in noncompliance with permit requirements. *{See 567 IAC 63.14}*

### 15. PLANNED CHANGES

The permittee shall give notice to the appropriate regional field office of the department 30 days prior to any planned physical alterations or additions to the permitted facility. Notice is required only when:

- (a) Notice has not been given to any other section of the department: (Note: Facility expansions, production increases, or process modifications which may result in new or increased discharges of pollutants must be reported to the Director in advance. If such discharges will exceed effluent limitations, your report must include an application for a new permit. If any modification of, addition to, or construction of a disposal system is to be made, you must first obtain a written permit from this Department.) *{See 567 IAC 64.7(7)“a” and 64.2}*
- (b) The alteration or addition to a permitted facility may meet one of the criteria for determining whether a facility is a new source as defined in 567 IAC 60.2;
- (c) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices; or
- (d) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants that are not subject to effluent limitations in the permit. *{See 567 IAC 63.13 and 63.14}*

### 16. EFFECT OF A PERMIT

Compliance with a permit during its term constitutes compliance, for purposes of enforcement, with Sections 301, 302, 306, 307, 318, 403 and 405(a)-(b) of the Clean Water Act, and equivalent limitations and standards set out in 567 IAC Chapters 61 and 62. *{See 567 IAC 64.4(3)“a”}*

### 17. MONITORING AND RECORDS OF OPERATION

- (a) Maintenance of records. You shall retain for a minimum of three years all paper and electronic records of monitoring activities and results including all original strip chart recordings for continuous monitoring instrumentation and calibration and maintenance records. *{See 567 IAC 63.2(3)}*
- (b) Any person who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under this permit shall, upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than two years, or both. *{See 40 CFR 122.41(j)(5)}*

### 18. USE OF CERTIFIED LABORATORIES

Effective October 1, 1996, analyses of wastewater, groundwater or sewage sludge that are required to be submitted to the department as a result of this permit must be performed by a laboratory certified by the State of Iowa. Routine, on-site monitoring for pH, temperature, dissolved oxygen, total residual chlorine and other pollutants that must be analyzed immediately upon sample collection, settleable solids, physical measurements, and operational monitoring tests specified in 567 IAC 63.3(4) are excluded from this requirement.

### 19. INSPECTION OF PREMISES, RECORDS, EQUIPMENT, METHODS AND DISCHARGES

You are required to permit authorized personnel to:

- (a) Enter upon the premises where a regulated facility or activity is located or conducted or where records are kept under conditions of this permit.
- (b) Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit.
- (c) Inspect, at reasonable times, any facilities, equipment, practices or operations regulated or required under this permit.
- (d) Sample or monitor, at reasonable times, to assure compliance or as otherwise authorized by the Clean Water Act.

### 20. FAILURE TO SUBMIT FEES

This permit may be revoked, in whole or in part, if the appropriate permit fees are not submitted within thirty (30) days of the date of notification that such fees are due. *{See 567 IAC 64.16(1)}*

### 21. OTHER INFORMATION

Where you become aware that you failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application, you must promptly submit such facts or information. Where you become aware that you failed to submit any relevant facts in the submission of in any report to the director, including records of operation, you shall promptly submit such facts or information. *{See 567 IAC 60.4(2)“a” and 567 IAC 63.7}*

## STANDARD CONDITIONS

### 22. NOTICE OF CHANGED CONDITIONS

You are required to notify the director of any changes in existing conditions or information on which this permit is based. This includes, but is not limited to, the following:

- (a) If your facility is a publicly owned treatment works (POTW) or otherwise may accept waste for treatment from an indirect discharger or industrial contributor (See 567 IAC 64.3(5) for further notice requirements).
- (b) If your facility is a POTW and there is any substantial change in the volume or character of pollutants being introduced to the POTW by a source introducing pollutants into the POTW at the time of issuance of the permit. *{See 40 CFR 122.42(b)}*
- (c) As soon as you know or have reason to believe that any activity has occurred or will occur which would result in the discharge of any toxic pollutant which is not limited in this permit. *{See 40 CFR 122.42(a)}*
- (d) If you have begun or will begin to use or manufacture as an intermediate or final product or byproduct any toxic pollutant which was not reported in the permit application.
- (e) No construction activity that will result in disturbance of one acre or more shall be initiated without first obtaining coverage under NPDES General Permit No. 2 for "Storm water discharge associated with construction activity".

### 23. BYPASSES

- (a) Definition. "Bypass" means the diversion of waste streams from any portion of a treatment facility or collection system. A bypass does not include internal operational waste stream diversions that are part of the design of the treatment facility, maintenance diversions where redundancy is provided, diversions of wastewater from one point in a collection system to another point in a collection system, or wastewater backups into buildings that are caused in the building lateral or private sewer line.
- (b) Prohibitions.
  - i. Bypasses from any portion of a treatment facility or from a sanitary sewer collection system designed to carry only sewage are prohibited.
  - ii. Bypass is prohibited and the department may not assess a civil penalty against a permittee for bypass if the permittee has complied with all of the following:
    - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
    - (2) There were no feasible alternatives to the bypass such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate backup equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
    - (3) The permittee submitted notices as required by paragraph (d) of this section.

- (c) The Director may approve an anticipated bypass after considering its adverse effects if the Director determines that it will meet the three conditions listed above and a request for bypass has been submitted to the Department in accordance with 567 IAC 63.6(2).
- (d) Reporting bypasses. Bypasses shall be reported in accordance with 567 IAC 63.6.

### 24. UPSET PROVISION

- (a) Definition. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.
- (b) Effect of an upset. An upset constitutes an affirmative defense in an action brought for noncompliance with such technology based permit effluent limitations if the requirements of paragraph "c" of this condition are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.
- (c) Conditions necessary for demonstration of an upset. A permittee who wishes to establish the affirmative defense of upset shall demonstrate through properly signed operating logs or other relevant evidence that;
  - i. An upset occurred and that the permittee can identify the cause(s) of the upset;
  - ii. The permitted facility was at the time being properly operated;
  - iii. The permittee submitted notice of the upset to the Department in accordance with 567 IAC 63.6(3); and
  - iv. The permittee complied with any remedial measures required in accordance with 567 IAC 63.6(6)"b".
- (d) Burden of Proof. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.

### 25. SEVERABILITY

The provisions of this permit are severable and if any provision or application of any provision to any circumstance is found to be invalid by this department or a court of law, the application of such provision to other circumstances, and the remainder of this permit, shall not be affected by such finding.